

## Medical Certificate

(to be filled in by a registered medical practitioner only)

Participant's Name:

Date of birth:

Address:

Does the participant suffer from any chronic disease like Diabetes Mellitus, Bronchial Asthma, Epilepsy, Heart problems etc? If yes, please mention details.	
Blood pressure reading	
Is the participant under medication of any kind? If yes please mention details.	
Has the participant suffered from any kind of altitude related illness in the past? If yes give details.	
Overall physical fitness	
Blood group	
Any drug allergies	
Any other information related to the health condition of the participant	

I have medically examined Mr /Ms \_\_\_\_\_  
on (Date) \_\_\_\_\_ and found him/her fit to undergo a trekking expedition  
in the high altitudes of Himalayas. As per history and clinical examination he/she is not suffering  
from any chronic disease or any other ailments that can be a deterrent to a trekking expedition.

Name of Dr \_\_\_\_\_ Degree \_\_\_\_\_ Reg No \_\_\_\_\_

Signature and Seal